FRANK J.Y. HSU, M.D., FCCP
Diplomate of American Board of Internal Medicine
Diplomate of American Board of Pulmonary Medicine
Diplomate of American Board of Critical Care Medicine

October 3, 1995

HISTORY AND PHYSICAL
Re: Charlie Shephard

Chief Complaint: Headache and anxiety.

Present Illness: This is a 56 year old male patient who is known to have hypertension for years. He was under physicians care, taking multiple blood pressure medications. In November, 1994 he started a law suit against insurance company for unpaid medical care. He takes care of case himself without attorney and has been under great deal of stress especially in recent days after having long deposition taken. He stopped taking the blood pressure medication a week ago for reasons unspecified. He has complained of headache and he could not sleep all night because he has to study the law himself.

Past Medical History: Otherwise unremarkable. He denied any history of cardiac disease or diabetes. He denied any drug allergy.

Social History: Does not smoke or drink.

Family History: Not contributory to present problem.

Physical Examination:

General: Physical examination revealed a middle aged Black male individual in his fifties. He is awake, alert and oriented. In no distress.

Vitals: Blood Pressure: 200/100
Heart Rate: 80 per minute, regular

Skin: His skin turgor is normal. No signs of dehydration and no abnormal rash.

HEENT: Head is atraumatic. Eyes revealed no palor or jaundice. Pupils are reactive to light. Eye ground is

clear. Ears, nose and throat is unremarkable.

Neck: Neck is supple. Neck veins are not engorged. Trachea is in midline. No thyroid megaly and no carotid bruit was heard.

Chest: Chest examination revealed symmetric and unrestricted movement. Breath sounds are loud and clear throughout. There is no wheezing or rales.

Cardiac: Cardiac examination revealed regular rhythm. There is no gallop or friction rub and no abnormal murmur.

Abdomen: The abdomen is soft and non distended. Liver and spleen are not enlarged. Bowel sounds normal. There are not signs of ascites.

Extremities: Extremities show no pitting edema and no calf tenderness. Nail beds are non cyanotic.

Neurology: Neurological examination is unremarkable.

EKG: The EKG shows regular sinus rhythm. No acute ST segment changes. No arrhythmia.

Radiology: Chest x-ray is clear.

IMPRESSION: 1. Hypertension.

PLAN:

1. Chem 20 and CBC.
2. Put back on blood pressure medication namely,

   Norvasc 5mg daily, Atenolol 50 mg daily, Diazide 1mg daily.
3. Put on Xanax .5mg 2 every 12 hours prn.
4. Recheck in 2 weeks.

FRANK J.Y.HSU, M.D.,F.C.C.P.
FH:cr

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ALTA LOMA PSYCHOLOGICAL ASSOCIATES

December 19, 1995

RE: CHARLIE SHEPHARD

To Whom It May Concern:

This will confirm that Mr.Shephard has been seen on December 6, 13, 20, and December 27, 1995 in conjunction with complaints associated with anxiety, the onset of which correspond to a series of apparent misunderstandings between himself and his dental insurance company.

Per interview, symptoms include disorganized and unfocused attention, disturbed sleep patterns with multiple awakenings, forgetfulness, unsteady fine motor coordination and a subsequent deterioration of performance in some home and community skills. Home maintenance, check writing, driving, general orientation are among the areas effected. Mr. Shephard finds it difficult to initiate the day to day affairs of the

household, he has gotten his days mixed-up, (i.e. he has gone to church on the wrong day), he has paid for gas but forgotten to put it in his tank before leaving the station, he has lost his enthusiasm for cooking and describes disorganized finances. There is also a complaint of chronic and stress related headaches.

Mr. Shepherd also describes an elevated blood pressure, polyuria and episodic feelings of sadness and hopelessness. He denies alcohol or drug use and there is no suicidal ideation at this time. He has sought medical treatment through Frank Hsu, M.D. for "stress and worry" and has been prescribed a blood pressure medication as well as Alprazolam, an anti-anxiety agent known also as Xanax. Follow-up with Dr. Hsu is set for January 1996.

Mr. Shepherd is clear in his attribution of his symptoms of anxiety and his depression and his anger and frustration to a sense of betrayal and abandonment and to misrepresentation and dishonesty on the part of his insurance carrier.

For Mr. Shepherd, the level of emotional discord and disturbance is mild to moderate and it represents a significant psycho-social stressor, the dynamics of which are being monitored. Provisional Axis I diagnosis is Adjustment Disorder with Mixed Anxious and Depressed Mood.

A comprehensive summary can be generated by late January if treatment continues and if the need arises.

RESPECTFULLY,

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